PTO/SB/17 (01-06)

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ective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTA For FY 2006

Applicant	claims	small	entity	status.	See 37	CFR	1.27
 19.00							

TOTAL AMOUNT OF PAYMENT (\$)1,790.00

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Complete if Known				
Application Number	10/532,991			
Filing Date	April 28, 2005			
First Named Inventor	Mitsuhiro YUASA			
Examiner Name	A. Roman			
Art Unit	2812			
Attorney Docket No.	101249.56268US			

METHOD OF PAYMENT (	check all that a	oply)					
☐ Check ☐ Credit Care	d 🔲 Money	Order 🔲 I	None [	Other (please in	dentify):		
Deposit Account Deposit Account Number: 05-1323 (Docket No. 101249.56268US) Deposit Account Name: 23911							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated				ee(s) indicated belo			
Charge any additional for		nents of fee(s)		ny overpayments			
under 37 CFR 1.16 and				, ,			
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information and authorization					<del>_</del>		
FEE CALCULATION	<u> </u>						
1. BASIC FILING, SEARC	H, AND EXAMI	NATION FEES					
•	FILING F		SEARC	H FEES	EXAMINATI	ON FEES	
	;	Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	<del></del>
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
						Fac (\$)	Fee (\$)
Fee Description						<u>Fee (\$)</u> 50	25
Each claim over 20 or, fo	or Reissues, eac	th claim over 20	and more th	an in the original	patent		100
Each independent claim	over 3 or, for Re	eissues, each in	dependent c	laim more than in	the original par	tent 200 360	180
Multiple dependent clain	าร						
Total Claims	Extra claims	Fees(\$)	Fee Pa			ole Dependence (	Fee Paid (\$)
2320 or HP	3	_ × <u>50</u>	= 150	0.00	<u>r</u>	Fee(S)	ree raid (4)
HP = highest number of total c			Fee Pa	id (¢)			
Indep. Claims	Extra claims 2	Fees(\$) x 200	= 400				
5 -3 or HP							
HP = highest number of total o		eater than 5					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
		See 33 U.S.C. 4	mber of each	additional 50 or fr	action thereof	Fee (\$)	Fee Paid (\$)
<u>Total Sheets</u> - 100 =	Extra Sheets	/ 50 =		Round up to a whole			=
4. OTHER FEES							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Non-English Specification, \$130 fee (no small entity discount)  Other Petition for Extension of Time (450); RCE (790)						1,240.00	
SUBMITTED BY							
332	$\sim 100$	~ /	_ F	Registration No.			
a		2) ' C	- 17	Attomev/Agent)	32 169	Telephone	(202) 624-2500

SUBMITTED BY			
Cianatura	+ July	Registration No. (Attorney/Agent) 32,169	Telephone (202) 624-2500
Signature Name (Print/Tyne)	JeffreyD, Sanok	( memos)go	Date March 27, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments are the original trip in the complete this form and/or supposition for requiring this burden about the Chief Information Officer I.I.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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